Veterans Administration Patients: A How to Guide for Serving Those who have Served Us

*Disclaimer: This has been compiled based on individual clinic experience as well as information taken from Health Net Federal Services' website (www.hnfs.com). All processes, terms, and requirements are subject to Health Net policy.

The Veterans Administration (VA) offers veterans health care services based on their individual eligibility and need. For medical needs that can not be met in a VA clinic or hospital, the VA can refer veterans to outside providers. This is referred to as Non-VA Care. At this point in time, essentially all Non-VA care is contracted and administered through Health Net Federal Services. However, Non-VA care is broken down into 3 separate programs that allow veterans to see an outside provider. Two of those are active and administered by Health Net. The other is quickly being phased out but is direct referral from the VA.

All Non-VA care requires an Authorization before any care or treatment is rendered. (An authorization is like a pre-certification for advanced imaging studies. If you don't have it, it's not covered.) The authorization gives you information on who the veteran is, how to contact them and what they are coming to see you for. It will also list the type of referral (see types below). The information listed regarding why they are coming to see you will be specific as to services allowed (chiropractic, acupuncture, etc), the areas of the body needing treatment, the number of times they can be seen, when they can start coming in to see you, and when the referral ends. Anything outside of the bounds of the referral will not be covered and cannot be billed to the veteran during an authorized episode of care. The only time a veteran can be billed is if they have an understanding that they do not have a referral and they are not expecting to use their VA benefits. If they have an active referral do not bill the veteran.

The 3 Referral Types:

1. Direct Referral from Veterans Administration Medical Centers (VAMC)
    - Authorizations come directly from the VA and typically have the VA seal on the paper.
    - Medical documentation and claims are sent to corresponding VA centers.
        The VA you should send records and claims to varies based on your location in the state.
    - *This type of authorization is basically phased out. Most veterans have been made to convert to one of the referral types listed below that are administered through Health Net. If you have outstanding claims under this type of referral or questions about procedure, contact the VA facility that referred the patient. (For example: Patients seen in Goldsboro are primarily seen at and referred by the Durham VA.)

2. Patient Centered Community Care (PCCC, PC3)
    - This is a network that requires a contract and credentialing process.
    - Must be Medicare contracted and meet requirements similar to most major medical insurance company contracts for inclusion in the network.
        Once contracted, you are considered a Preferred Provider and are listed as such for ALL VA programs.
    - Preferred Providers are considered first for referrals and authorizations.

3. Veterans Choice Program (VCP)

- This requires providers to enroll but is not a contracted program.
  - A provider must be Medicare contracted, have an unrestricted license in your state, and have no sanctions.
  - You are automatically included in this program if you are contracted for the PC3 program.
- Veterans can choose you or your facility in this program.

Documentation/ Record Submission

Records for all VA patients should be submitted within the time frame listed in the authorization and provider packet received prior to treatment.

- The time frame is usually 10 days or 60 days from the date of service.
  - The 60 days is specifically for the VCP and was put into effect March 1, 2016, replacing a 25 day time frame.
- For Direct VA referrals, medical records should be sent to the referring VA Medical facility.
- For Health Net referrals, medical records should be submitted through fax to 1-855-300-1705 with the authorization cover sheet which has a bar code on it as the first page.
  - It is recommended that if you need to send medical records for multiple patients you send each patient file individually. This will prevent claims errors and delays in payment.
- Records for PC3 referrals must be submitted before claims are submitted and reimbursed.
- Records for VCP (as of March 1, 2016) can be submitted after claims are filed but cannot be submitted over 60 days from the initial date of service and/or over 60 days from the completion of an episode of care or paid claims may be recouped by Health Net.

It is the responsibility of the provider to provide documentation to support the care delivered as well as the outcome of treatment based on the treatment plan guidelines provided by the veteran's PCM in the Authorization.

Request for New/ Additional Services

If a veteran needs additional care beyond what was initially allowed in the Authorization you can file a form called "VA Programs Request for Additional Services." This form can be downloaded from the Health Net website under Forms and Packets. Once completed fax the form with the veteran's cover sheet with the bar code to: 1-855-300-1705 (this is the same number records are sent to). It does take some time for this request to be processed so it needs to be sent in as soon as possible. The reason for the amount of time it takes is because the request goes to Health Net who must process it and pass it back to the VA who gives it to the initial referring doctor who makes the decision as to whether it will be granted. It then gets passed back to Health Net who will in turn notify you.

* The best bet to have it go through in enough time is to return it within the first couple weeks of treatment.

Billing and Claims

Billing for VA claims is **Similar** to billing for Medicare but is not exactly the same.

- For Manipulation codes do not add a modifier.
- For Manual Therapy, Traction, Ultrasound, or Therapeutic Exercises add the GP, GY, and numeric modifiers as necessary.
- For Electrical Muscle Stimulation it depends on who you are billing:
  - Billing a VA medical center- Use 97014 with GP & GY modifiers.
  - Billing Health Net- Use G0283 with GP & GY modifiers.
- For Acupuncture codes add GY modifier.
- For Exam codes add GY and numeric modifiers.
- PQRS G-Codes are not used.
- Hot/Cold Pack CPT code will not be reimbursed as it is considered a bundled code.

ICD-10 Diagnosis codes are required.

*It has been noted that straying from the above coding guidelines does not always mean a denial of payment. Some clinics use all modifiers and others use only one per code and still receive payment. For all denials of payment, claims can be resubmitted with corrected coding per the "Result Codes" found on the EOP.

When filing claims you have two options:

- File electronically through Change Healthcare (formally Emodon).
  - Payer ID: 68021
- Paper claims- should be submitted on HCFA's
  - Paper claims for PC3 patients can be mailed to:
    Health Net Patient Centered Community Care
    PO Box 9110
    Virginia Beach, VA 23452
  - Paper claims for VCP patients can be mailed to:
    Veterans Choice Program-VACAA
    PO Box 2748
    Virginia Beach, VA 23450
  - All mailed claims should contain only the Authorization cover sheet with the bar code and a HCFA for each date of service.

As of March 14, 2016, there is a new way to check claim status for PC3 and VCP other than calling Health Net. You can now register to use Availity and check claim status online. Simply visit www.availity.com and click on Get Started to begin the registration process. (If you are a registered user already, there is no need to re-register, simply use your existing log-in information.) Once registered, log-in and visit the Claims Research Tool under Claims Management on the menu on the left side of the screen. Choose Patient-Centered Community Care (for both PC3 and VCP claims) in the payer field when submitting your claims status inquiry. The inquiry should look like any other Explanation Of Benefits as far as the information provided.

Taking care of Business

When dealing with the VA you have to take a **very** proactive stance. If there is a problem with an authorization or with reimbursement **you** have to catch it (ie: They schedule a patient but do not send you an authorization or send an authorization with two different numbers listed for the number of times they are authorized to come see you). When communicating with either a VA medical center or Health Net you need to be firm and point out what you did, what your understanding of procedure is, and where they seem to have dropped the ball (**if** that is the case). You may also need to ask to speak to or at least have your issue pushed up to a supervisor. It is very common for the customer service people that you speak with to not know what you are asking about so you may have to explain their policies and procedures to them in order to get them to elevate an issue. Another issue you may encounter is if you ask a question but the answer given does not make sense to you. If this happens call again and ask the same question. If you get a different answer tell the representative that you spoke with someone else and they told you XYZ so you need to know which answer applies to your situation.

*The above statements are in no way meant to castigate the VA or Health Net. The scenarios illustrate common problems providers that see VA patient's experience and this document is meant to give you an insight and heads up to those issues.

Phone Numbers to call for issues:

Direct VA referral- call the referring VA Medical facility
PC3- 1-800-979-9620
VCP- *1-866-606-8198
*This number can be called for both PC3 and VCP authorization and billing concerns.

*The above numbers will have menu options to pick through to get you to an appropriate department (ie: Claims, Authorizations, or General Questions).

Website for Health Net: www.hnfs.com

Click on the "I'm a Provider" tab at the top of the page to find information on everything discussed above.